

**DECLARATION AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
with Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

MC079Y

First Named Inventor

Lin Chu

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DIPHENYL SUBSTITUTED CYCLOALKANES, COMPOSITIONS CONTAINING SUCH COMPOUNDS AND METHODS OF USE**

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/489,693	07/24/2003	MC079PV

## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Practitioners Associated with the Customer Number   
 OR  
☒ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number
CAROL S. QUAGLIATO	35,330		
MELVIN WINOKUR	32,763		

Direct all correspondence to: ☒ Customer Number

<b>Name</b>	Carol S. Quagliato				
<b>Address</b>	Merck & Co., Inc. - Patent Department				
<b>Address</b>	P.O. Box 2000, RY60-30				
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907
<b>Country</b>	USA	<b>Telephone</b>	(732)594-3809	<b>Fax</b>	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

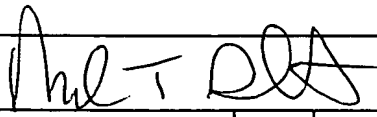

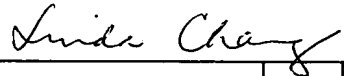

**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor

<b>Given Name (first and middle [if any])</b>		<b>Family Name or Surname</b>			
<b>Lin</b>			Chu		
<b>Inventor's Signature</b>	<i>Lin Chu</i>			<b>Date</b>	July 26, 2004
<b>Residence: City</b>	Scotch Plains	<b>State</b>	NJ	<b>Country</b>	US
<b>Citizenship</b>	US				
<b>Mailing Address</b>					
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907
<b>Country</b>					

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

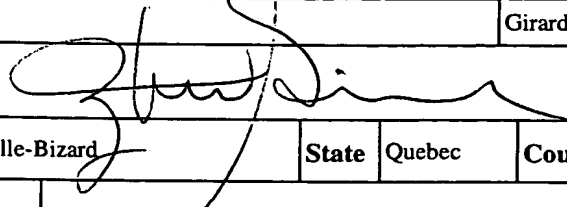
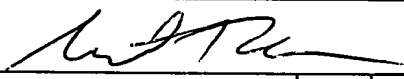
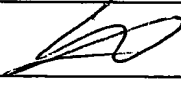
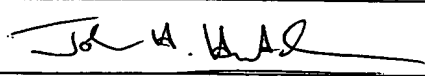
# DECLARATION AND POWER OF ATTORNEY

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Mark T.				Goulet			
Inventor's Signature						Date	July 26, 2004
Residence: City	Westfield	State	NJ	Country	US	Citizenship	US
Mailing Address							
City	Rahway	State	NJ	ZIP	07065-0907	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Feroze				Ujjainwalla			
Inventor's Signature						Date	26th July 2004
Residence: City	Scotch Plains	State	NJ	Country	US	Citizenship	GB
Mailing Address							
City	Rahway	State	NJ	ZIP	07065-0907	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Linda				Chang			
Inventor's Signature						Date	July 26, 2004
Residence: City	Wayne	State	NJ	Country	US	Citizenship	US
Mailing Address							
City	Rahway	State	NJ	ZIP	07065-0907	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Frenette			
Inventor's Signature						Date	Aug 18, 2004
Residence: City	Laval	State	Quebec	Country	CA	Citizenship	CA
Mailing Address							
City	Kirkland	State	Quebec	ZIP	H9H 3L1	Country	

# DECLARATION AND POWER OF ATTORNEY

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
Yves					Girard						
Inventor's Signature							Date		Aug 18/2004		
Residence: City		Lle-Bizard		State		Quebec		Country		CA	
Mailing Address											
City		Quebec		State		CA		ZIP		H9C-2E1	
Country											
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
Michel					Therien						
Inventor's Signature							Date		Aug 18/2004		
Residence: City		Laval		State		Quebec		Country		CA	
Mailing Address											
City		Quebec		State		CA		ZIP		H7A 3S9	
Country											
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
Dwight					Macdonald						
Inventor's Signature							Date		Aug 18, 2004		
Residence: City		Lille-Bizard		State		Quebec		Country		CA	
Mailing Address											
City		Quebec		State		CA		ZIP		H9C 1E2	
Country											
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
John H.					Hutchinson						
Inventor's Signature							Date		July 27 <sup>th</sup> 2004		
Residence: City		LaJolla		State		CA		Country		US	
Mailing Address											
City		Rahway		State		NJ		ZIP		07065-0907	
Country		US									